2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
05-02-2001 90069 032 ****61.25

DOCUMENT # 743210

1. Entity Name

MONTOYA ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7764 SAN MATEO DRIVE BOCA RATON FL 33433	7764 SAN MATEO DRIVE BOCA RATON FL 33433

H00043822

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-1845213 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF, P.A. 500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD EPSTEIN, MILTON 7905 CHULA VISTA CRESCENT BOCA RATON FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, MARILYN 22068 MONTOYA DRIVE BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIMEL, HARRIET 7541 SAN MATEO DRIVE BOCA RATON FL 33433	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LURIE, DEENA 7489 MALIBU CRESCENT BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS GOLDBERG, RALPH 7914 CHUKLA VISTA CRESCENT BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUBIN, MARK 7869 SAN MARCOS PLACE BOCA RATON, FL 33433	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LOME, SHIA 7800 SAN MARCOS PLACE BOCA RATON FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIEBER, DAVID 7644 CYPRESS CRESCENT BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FREADLIN, JOSEPH C 7719 CYPRESS CRESCENT BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] JOSEPH C. FREADLIN 4/27/01 (561) 391-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #